## P1200001507

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DIVISION OF COMPLETIONS

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## **COVER LETTER**

Division of Corporations
NAME OF CORPORATION: VITA 11 TY Wellness Institute Corporation: P120000 11507
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Elizabeth Mosquera  Name of Contact Person  Vitality Wellness Institute Corp  Firm/Company  Address  Wellinston FL 33414  City/State and Zip Code
Hatador base eg mail. Com  E-mail address: (to be used for future annual report notification)  Matadorbose eg mail. Com  For further information concerning this matter, please call:
Elizabeth Hosqueta at (501) 891-0893  Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)  S52.50 Filing Fee Certificate of Status (Additional Copy is enclosed)
Mailing Address Street Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO: Amendment Section

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment

to Articles of Incorporation

100000 1150 /	y filed with the Florida Dept. o of Corporation (if known)		<del>-</del> .
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	•	Corporation adopts the following	ng amendment(s) to
A. If amending name, enter the new name of the	corporation:		
			The new
"Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or the B. Enter new principal office address, if applicate (Principal office address) MUST BE A STREET A	the abbreviation "P.A."  ble:	ssional corporation name must	contain the 
			_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOV1		및
(Mailing address MAY BE A POST OFFICE I	<u> </u>		7 TSIGN
	<del> </del>	<del></del>	
			- ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
D. If amending the registered agent and/or registered agent and/or the new register		, enter the name of the	
Name of New Registered Agent			ى م
· · · · · · · · · · · · · · · · · · ·	(Florida street address)	<del></del>	
	(1 tortau street address)		
·	(City)	, Florida	_
New Registered Office Address:	(C.HV)	(Zip Code)	
New Registered Office Address:	(4.9)		
New Registered Office Address:			
New Registered Office Address:  New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	Registered Agent:		

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT John Doe	
X Remove	V <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change Add Remove	V Jackelyn Polanco	3014 Hamblin Libry Wellington, FC 33414
2)Change Add Remove	<del></del>	
3) Change Add Remove		
4) Change Add Remove		
5) Change Add Remove		
6) Change Add	<del></del>	

ttach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
	i
an amendment provides for an exchaprovisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
	·

the date of each amendment(s) adoption: 5/00//d		
ffective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
•		
doption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were ado by the shareholders was/were sul	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	, , , , , , , , , , , , , , , , , , , ,	
-	(voting group)	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
• /	pted by the incorporators without shareholder action and shareholder	
Dated Signature (By a diselected		
Dated Signature (By a diselected	Flacification of the control of the court of	